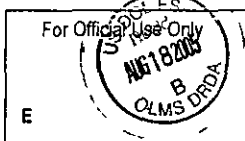


FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P L 86-257 as amended Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U S C 439 or 440



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

1 File Number U - 9762	2 Fiscal Year Covered From 1 / 1 / 2004 Through 12 / 31 / 2004
3 Name and address of person filing Name Michael C Muller P O Box, Bldg, Room No, if any Street 417 Baneberry Bend City Peachtree City State Georgia ZIP Code + 4 30269	4 Name, file number, and address of labor organization Name National Pilot's Association Labor Organization File Number 541-512 P O Box, Building and Room Number, if any Street 3401 Norman Berry Drive, Suite 254 City Atlanta State Georgia ZIP Code + 4 30344
5 Position in labor organization H.I.M.S. Committee Chairman	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent	
6 Name and address of Employer (including trade name, if any) Name Trade Name, if any P O Box Bldg, Room No if any Street City State ZIP Code + 4	7 a Nature of Interest, Transaction, or Income 7 b Amount

Signature

15 Signature and verification The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is to the best of the undersigned's knowledge and belief, true, correct, and complete (See the section on penalties in the instructions)

Signed

Michael Muller

On

7-26-05

Date

770-486-8223

Telephone Number

Name of Person Filing	File Number U-
-----------------------	----------------

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested

8 Name and address of Business (including trade name, if any) Name _____ Trade Name, if any _____ P O Box, Bldg , Room No , if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	9 Business deals with <input type="checkbox"/> a Labor Organization <input type="checkbox"/> b Trust <input type="checkbox"/> c Employer
10 If 9 b or 9 c is checked give trust or employer's name Name _____ Trade Name, if any _____ P O Box, Bldg , Room No , if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11 a Nature of such dealing _____ 11 b Approximate dollar value of such dealing _____ 12 a Nature of interest held or income received _____ 12 b Amount _____

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any) Name <u>AirTran Airways, Inc</u> Trade Name, if any _____ P O Box, Bldg , Room No , if any _____ Street <u>9955 AirTran Boulevard</u> City <u>Orlando</u> State <u>Florida</u> ZIP Code + 4 <u>32827</u>	14 a Nature of payment <u>Positive space travel pass on AirTran, which permits me to travel for free while on union business</u>
13 b Is the Business an Employer <input checked="" type="checkbox"/> or Consultant <input type="checkbox"/> ?	14 b Amount of payment _____